

# Notice of Cash Dispensing Machine Established By Non-Banks

Registration Period July 1, 2006 - June 30, 2007

(Pursuant to RSA 399-F)

Fee: \$50.00 per machine, make payable to: State of New Hampshire

Submit this notice to the New Hampshire Banking Department (64B Old Suncook Road, Concord, NH 03301) at least 15 business days prior to the activation date of the cash dispensing machine. Submit one form for each machine along with the fee.

## Operator Information

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
(Street/City/State/Zip): \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## Location Information

Location Name: \_\_\_\_\_  
Address \_\_\_\_\_  
(Street/City/State/Zip): \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_

## Machine Information

Machine's  
Serial Number: \_\_\_\_\_  
Activation Date: \_\_\_\_\_  
Type of Transactions \_\_\_\_\_  
Available: \_\_\_\_\_

## Processor Information

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
(Street/City/State/Zip): \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## Servicing Agent Information

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
(Street/City/State/Zip): \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## Information of Person Completing this Form

Address \_\_\_\_\_  
(Street/City/State/Zip): \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_